

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46691 (4)

1. Corporation Name

RIVERSIDE JACKSONVILLE CHAPTER #4694 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

6214 MERCADO DRIVE
JACKSONVILLE FL 32210

6214 MERCADO DRIVE
JACKSONVILLE FL 32210-7227

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 1827 CHERRY ST
Suite, Apt. #, etc.

26 1827 CHERRY ST
Suite, Apt. #, etc.

4. FEI Number
52-1687805

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 JACKSONVILLE, FL
Zip Country

28 JACKSONVILLE, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32205

25 DUVAL

29 32205

30 DUVAL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHE, HESTER C
6214 MERCADO DRIVE
JACKSONVILLE FL 32210

81 Name

ELEANOR ZELUSKY

82 Street Address (P.O. Box Number is Not Acceptable)

1827 CHERRY ST

83

84 City

JACKSONVILLE,

FL

85 Zip Code
32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Eleanor Zelusky*

2-27-97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SULLIVAN, IRENE
STREET ADDRESS 4237 VERONA AVENUE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME FRAN ALAIA
1.3 STREET ADDRESS 7317 ROSLYN RD
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE VD ☐ DELETE
NAME MURZYNSKY, PAT
STREET ADDRESS 6845 DAUGHTRY BOULEVARD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32210

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME RICHE, HESTER
STREET ADDRESS 6214 MERCADO DRIVE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SECRETARY
3.3 STREET ADDRESS ELEANOR ZELUSKY
3.4 CITY-ST-ZIP 1827 CHERRY ST
JACKSONVILLE, FL 32205

TITLE TD ☐ DELETE
NAME RICHE, HESTER
STREET ADDRESS 6214 MERCADO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MAHER, PAT
STREET ADDRESS 1722 MAYVIEW RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME BOARD MEMBER
5.3 STREET ADDRESS HERB FURMAN
5.4 CITY-ST-ZIP 8051 LAKELAND DR, JAX, FL 32221

TITLE D ☒ DELETE
NAME ZELUSKY, ELEANOR
STREET ADDRESS 1827 CHERRY STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME BOARD MEMBER
6.3 STREET ADDRESS ALBINA TITUS
6.4 CITY-ST-ZIP 2640 HUGH EDWARDS DR
JACKSONVILLE, FL 32210

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *HESTER C. RICHE - TREASURER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)